

Severity of Menopausal Symptoms and Related Factors Among 40 to 60 Year-Old Women

Saeideh Nasiri^{1,*}

¹Trauma Nursing Research Center, Kashan University of Medical Sciences, Kashan, IR Iran

*Corresponding author: Saeideh Nasiri, Trauma Nursing Research Center, Kashan University of Medical Sciences, Kashan, IR Iran. Tel: +98-9132764282,

E-mail: saeideh.nasiri@yahoo.com

Received: August 18, 2014; **Revised:** October 24, 2014; **Accepted:** December 27, 2014

Keywords: Menopause; Vasomotor System; Nutritional Sciences; Exercise

Dear Editor,

I read, with interest, the original article by Abedzadeh-Kalahroudi et al. about the prevalence and severity of menopausal symptoms and related factors among women aged 40-60 in Kashan (1). In this study, the mean age of menopause was 47.6 ± 4.1 years; the average age is not much different in this study from what is reported for Iranian women (48.2 years) (2). I would like to discuss the risk factors that can increase the symptoms of menopause. Conditions like poor social status, poor economic situation and a low level of literacy, certainly make women more vulnerable to various menopausal symptoms with increased severity, for which preventive and curative solutions are yet to be determined. Abedzadeh et al. study showed that physical activity has a positive effect on menopausal symptoms, so that women who had an exercise activity rate of more than three times a week reported lower severity symptoms. In 2007, a review study found that exercise is not effective in the management of vasomotor symptoms (3). This finding was confirmed in a later study (4). Further studies have proved the positive effect of exercise on mental health, somatic symptoms and improved quality of life in women who have experienced vasomotor symptoms. Given the many benefits of exercise on general health, it can be recommended that women in menopause still continue their exercise. Exercise is recommended similarly to all ages: at least 30 minutes per day (one should be able to talk but not sing, i.e., breathing and heart rate will be increased) (5-9). Although in Abedzadeh et al. study, the duration of physical activity is reported by women; however, the type of exercise is not reported. Activities such as cycling, swimming, walking and yoga can help alleviate the symptoms of menopause. Abedzadeh et al. reported differences in the frequency of vasomotor symptoms, which may have been due to differences in diet, especially the consump-

tion of phytoestrogenic foods. Nutrition plays an important role in the prevention and management of changes in body composition, but the role of nutrition in treating symptoms such as hot flashes is unclear. However, a study showed that flaxseeds reduced the frequency and severity of hot flashes (10). Estrogen-like compounds found in flaxseeds and other soy foods are bound to the estrogen receptors, and improve flushing. Although many studies have been conducted on the effectiveness of these substances on hot flashes, there are still many unanswered questions (11). Other factors that influence the vasomotor symptoms include a high percentage of body fat, which is not addressed in Abedzadeh et al. study. Per-unit increase in body weight decreases the risk of having night sweats. As percentage of body fat increases, there will be a decrease in the risk of experiencing hot flashes. According to Thurston et al., increase in hot flashes and night sweats are associated with body fat percentages (12). Given the importance of the menopausal period in women's lifetimes, health policy-makers need to integrate programs of education in service centers to improve vision relating to this period. These programs would increase the quality of life in women and would change women's lifestyles from passive to active.

References

1. Abedzadeh-Kalahroudi M, Taebi M, Sadat Z, Saberi F, Karimian Z. Prevalence and severity of menopausal symptoms and related factors among women 40-60 years in Kashan, Iran. *Nurs Midwifery Stud.* 2012;1(2):88-93.
2. Rajaeefard A, Mohammad-Beigi A, Mohammad-Salehi N. [Estimation of natural age of menopause in Iranian women: a meta-analysis study.]. *Koomesh.* 2011;13(1):1-7.
3. Daley A, MacArthur C, Mutrie N, Stokes-Lampard H. Exercise for vasomotor menopausal symptoms. *Cochrane Database Syst Rev.* 2007(4):CD006108.
4. Daley AJ, Stokes-Lampard HJ, Macarthur C. Exercise to reduce va-

- somotor and other menopausal symptoms: a review. *Maturitas*. 2009;**63**(3):176-80.
5. Mirzaiinjhabadi K, Anderson D, Barnes M. The relationship between exercise, Body Mass Index and menopausal symptoms in midlife Australian women. *Int J Nurs Pract*. 2006;**12**(1):28-34.
 6. McAndrew LM, Napolitano MA, Albrecht A, Farrell NC, Marcus BH, Whiteley JA. When, why and for whom there is a relationship between physical activity and menopause symptoms. *Maturitas*. 2009;**64**(2):119-25.
 7. van Poppel MN, Brown WJ. "It's my hormones, doctor"--does physical activity help with menopausal symptoms? *Menopause*. 2008;**15**(1):78-85.
 8. Hamilton CJ, Swan VJ, Jamal SA. The effects of exercise and physical activity participation on bone mass and geometry in postmenopausal women: a systematic review of pQCT studies. *Osteoporos Int*. 2010;**21**(1):11-23.
 9. Thurston RC, Joffe H, Soares CN, Harlow BL. Physical activity and risk of vasomotor symptoms in women with and without a history of depression: results from the Harvard Study of Moods and Cycles. *Menopause*. 2006;**13**(4):553-60.
 10. Pruthi S, Thompson SL, Novotny PJ, Barton DL, Kottschade LA, Tan AD, et al. Pilot evaluation of flaxseed for the management of hot flashes. *J Soc Integr Oncol*. 2007;**5**(3):106-12.
 11. Lagari VS, Levis S. Phytoestrogens for menopausal bone loss and climacteric symptoms. *J Steroid Biochem Mol Biol*. 2014;**139**:294-301.
 12. Thurston RC, Sowers MR, Sternfeld B, Gold EB, Bromberger J, Chang Y, et al. Gains in body fat and vasomotor symptom reporting over the menopausal transition: the study of women's health across the nation. *Am J Epidemiol*. 2009;**170**(6):766-74.